

**LIFE INSURANCE ELECTION**

Federal Employees Group Life Insurance Program

(b)(3)
(b)(6)See Privacy Act
Information on
Back of Part 3**1 General Instructions**

By law, a person who is not excluded from coverage automatically has Basic Life insurance, unless he or she waives all coverage. You have the choice of (1) electing Basic Life and any or all of the options, (2) electing Basic Life, but declining all of the options, or (3) waiving all life insurance coverage.

To complete this form:

- Read page—carefully
- Type or print in ink
- Do not separate the parts. Your employing office must certify the completed form and will return your copy to you. This form should be kept with your SF 2817A (SF 2817B for Postal Employees).

2 Fill in identifying information

Name (Last) (First) (Middle) HUGHES, GERALD KELLY, JR.	Date of Birth (Month, Day, Year) OCTOBER 21, 1937	Social Security Number
Employing Department or Agency CENTRAL INTELLIGENCE AGENCY	Agency Location (City, State, Zip Code) WASHINGTON, D.C. 20505	

3 To elect Basic Life, sign and date below. If you do not elect Basic Life, you may not elect any form of optional insurance. If you do not want any insurance at all, skip to section 5.**Basic Life**

I want the Basic Life insurance. I authorize deductions to pay my share of the cost.

Signature (Do not print)

Date (Month, Day, Year)

MARCH 9, 1981**4 If you have elected Basic Life, you may elect any or all of the following options. Sign the box below for any option(s) you want.****Option A - Standard**

I want the Standard \$10,000 optional insurance. I authorize deductions to pay the full cost.

APPROVED FOR
RELEASE DATE:
17-Mar-2010

Option B - Additional

I want the Additional optional insurance in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost. (Indicate multiple by marking "X" in the appropriate box. Do not mark more than one box.)



1 times
my pay
2 times
my pay
3 times
my pay



4 times
my pay
5 times
my pay

Option C - Family

I want the Family optional insurance. I understand that in the event of the death of my spouse I would receive \$5,000 and upon the death of a child I would receive \$2,500. I authorize deductions to pay the full cost.

Signature (Do not print)

Date

MAR. 9, '81

Signature (Do not print)

Date

MAR. 9, '81

Signature (Do not print)

Date

MAR. 9, '81**5 If you want NO life insurance coverage at all, sign and date below.****Waiver of
all Life
Insurance
Coverage**

I want no insurance coverage at all. I understand that any insurance I have will stop at the end of the pay period in which my employing office receives this waiver and that I cannot get Basic Life insurance unless I (1) wait at least one year after I sign this form, (2) am under age 50 when I apply, AND (3) give satisfactory medical evidence of insurability. I understand that I cannot get any optional insurance unless I first have Basic Life.

Signature (Do not print)

Date

FOR EMPLOYING OFFICE USE ONLY**Certification**

I certify that the above named employee is eligible for the insurance coverage he or she has elected above.

Signature of Authorized Agency Official

Date of receipt in employing office

MAR 18 2 29 PM '81

See Table of Effective Dates in SF 2817A (SF 2817B for Postal Employees) to determine effective dates of coverage.

The employee's copy of this form, when certified by the employing office, together with SF 2817A, "The Federal Employees Group Life Insurance Program" (SF 2817B for Postal Employees), constitute the employee's Certificate of Insurance.